	<u> </u>		DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH				
		CHILD CARE FACILITY					
INSPECTION REPORT							
	SON /	GRADE	Inspection Date:	ESTABLISHMENT NAME:			
Regular	<u> </u>	0	1/29/17	LOTS OF LEARNING	CHILE	CARE	CENTER
Follow-U		-	Time In/Out:	OWNER/OPERATOR:	Can ac	A	00.00
Complain Investigat		RATING	3:40 4:20 PM	LOTS OF LEARNING		nent Type:	CENTER
Other:		A	Sanitary Permit No.:	ANAUAMA		NURSE	ERV
		'`	20000-170000	POZIMIT STATUS:Valid		mporary _	Expired
No. of Chile	dren:	Male	Female 20 Total	Child Care License: No.: 7024 /			
The following items identify violations found this day in the operations and facilities which must be corrected by the payt							
inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.							
ITEM*	1737	a written r		t be submitted before the indicated ARKS			000000000000000000000000000000000000000
11 = 171	A DE	GULAR				DEMERIT	CORRECT BY
			1	1 1 1 1	21012		
	[HEY]	SCHON	1 CONDUCTED	S ON 9/27/17 (2,	A).		
					İ		
	ALL	PREMO	IS VIOLATION	IS HAVE BEEN CUR	RECTE		
	TEM # 17.						
	10 5-2-1	+7 1/					
		<u> </u>					
	NO N	EM VIC	SUPTIONS OB	SERVED.			
	"A PLACARD # 02050 ISSUED.						
	PIC BPIEFED ON THE ABOVE						
	TO BPIEGED ON THE ABOVE.						
_							
					78"		
- 1764							
	_						
			NI N				
I have	e read and	d understa	nd the above violation	n(s) and I am aware of the corr	active mea	ouros to h	o tokon
I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.  *Note: When any of the following items are Received By (Name & Title):							
			corrected within	blene taimanglo	VITMOR	16/ Di	rentar
(0) (4) (5)		of this insp		DEH Inspector (Name & Title	e): ()		100
(2), (4), (6),	, (14), (21),	(23), (24), (2	27), (28), (39) & (40).	J. GARCIA EPHO	1	w	

Rev: 08/2/05 DEH-06